

EXPRESS MAIL LABEL NO. EV192310794US

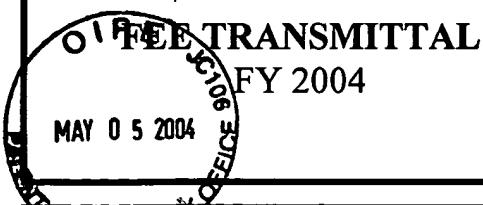
05-06-06

2623

Complete if Known

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| | | |
|---------------------------|-------------------|------------------------|
| Application Serial Number | 09/750,188 | |
| Filing Date | December 29, 2000 | MAY 13 2004 |
| First Named Inventor | Brady | |
| Group Art Unit | 2623 | |
| Examiner Name | Siangchin, Kevin | Technology Center 2600 |
| Attorney Docket No. | 3175-51 | |

METHOD OF PAYMENT

1. Payment Enclosed:
 Check Money Order Other

2. The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
 Required Fees (copy of this sheet enclosed).
 Additional fee required under 37 CFR 1.16 and 1.17.
 Overpayment Credit.
3. Applicant claims small entity status.

FEE CALCULATION

1. FILING FEE

Large Entity

| Fee (\$) | Fee Description | Fee Paid |
|----------|------------------------|----------|
| 770 | Utility filing fee | |
| 340 | Design filing fee | |
| 160 | Provisional filing fee | |

| | | | |
|--------------|--------------|------|--------|
| Number Filed | Number Extra | Rate | Amount |
|--------------|--------------|------|--------|

| | | | |
|--------------|--------|--------------|--|
| Total Claims | - 20 = | x \$ 18.00 = | |
|--------------|--------|--------------|--|

| | | | |
|--------------------|-------|--------------|--|
| Independent Claims | - 3 = | x \$ 86.00 = | |
|--------------------|-------|--------------|--|

| | | |
|--|------------|--|
| <input type="checkbox"/> Multiple Dependent Claim(s), if any | \$290.00 = | |
|--|------------|--|

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$)

2. AMENDMENT CLAIM FEES

| Claims Remaining After Amend. | Highest No. Previously Paid For | Present | Rate | Fee Paid |
|-------------------------------|---------------------------------|--------------|------|----------|
| Total | - = | x \$ 18.00 = | | |
| Indep. | - = | x \$ 86.00 = | | |

| | | |
|--|--------------|--|
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | + \$290.00 = | |
|--|--------------|--|

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$)

SUBTOTAL (3) (\$ 950.00)

SUBTOTAL (1)

SUBTOTAL (2)

SUBTOTAL (3) 950.00

TOTAL (\$ 950.00)

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Department
Agfa Corporation
200 Ballardvale Street
Wilmington, MA 01887-1069
Tel. No.: (978) 658-5600
Fax No.: (978) 658-6285

SIGNATURE BLOCK

Respectfully submitted,

Ira V. Heffan
Attorney for the Applicants
Testa, Hurwitz & Thibeault, LLP
High Street Tower-125 High Street
Boston, MA 02110

EXPRESS MAIL LABEL NO. EV192310794US

MAY 05 2004

TRANSMITTAL
FORM

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Technology Center 2600

| | | |
|------------|---------------------------|-------------------|
| TYPE | Application Serial Number | 09/750,188 |
| SCS | Filing Date | December 29, 2000 |
| TRADEMAKES | First Named Inventor | Brady |
| TRADEMAKES | Group Art Unit | 2623 |
| TRADEMAKES | Examiner Name | Siangchin, Kevin |
| TRADEMAKES | Attorney Docket No. | 3175-51 |
| TRADEMAKES | Patent No. | Not applicable |
| TRADEMAKES | Issue Date | Not applicable |

ENCLOSURES (check all that apply)

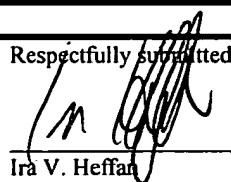
| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> Substitute Specification <input checked="" type="checkbox"/> Marked Substitute Specification <input checked="" type="checkbox"/> Substitute Drawings | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| <input checked="" type="checkbox"/> Petition for Extension of Time (3 Month) | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
| <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Amendment After Allowance | |
| <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | |

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Respectfully submitted,



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